

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

MARVIN NATION, (AIS # 141669)	*	
Plaintiff,	*	
V.	*	2:06-cv-693-ID
WILLIE AMBERS, ET AL.	*	
Defendants.	*	

DEFENDANT'S RESPONSE TO COURT ORDER DATED OCTOBER 19, 2006

COMES NOW the Defendant, Michael E. Robbins, M.D. in response to this Honorable Court's Order dated October 19, 2006 and presents the attached medical records of the Plaintiff.

Respectfully submitted,

S/L. Peyton Chapman, III
Alabama State Bar Number CHA060
S/R. Brett Garrett
Alabama State Bar Number GAR085
Attorneys for Defendant Michael Robbins,
M.D.

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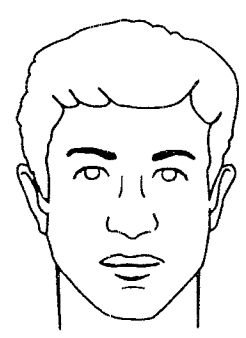
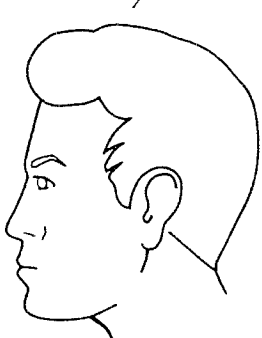
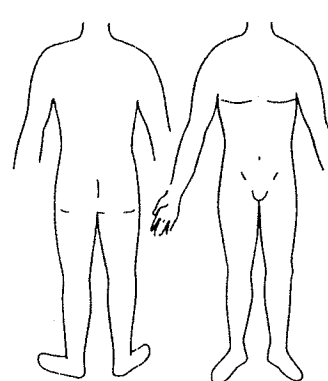
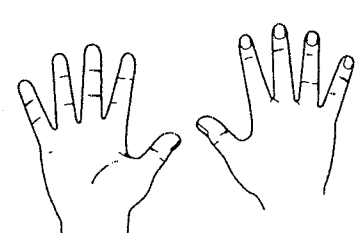
CERTIFICATE OF SERVICE

I hereby certify that a copy of the above and foregoing has been served by U.S. Mail
this the 20th day of October, 2006, to:

Marvin Nation (AIS # 141669)
Fountain Correctional Facility
3800 Fountain
Atmore, AL 36503

s/R. Brett Garrett GAR085
Attorney for Defendant Michael Robbins,
M.D.

EMERGENCY

ADMISSION DATE 9/21/04		TIME 2:35 AM PM	ORIGINATING FACILITY ECC		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																									
ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																											
VITAL SIGNS: TEMP 98.1		ORAL RECTAL	RESP 20	PULSE 68	B/P 90/72	RECHECK IF SYSTOLIC 100 > 50																								
NATURE OF INJURY OR ILLNESS S - Bodychart per DOC request re: MVA on Road Squad			ABRASION ///	CONTUSION #	BURN ^{xx} / _{xx}	FRACTURE ^Z / _Z	LACERATION / SUTURES																							
			<div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p style="text-align: center;">PROFILE RIGHT OR LEFT</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p style="text-align: center;">RIGHT OR LEFT</p>																											
PHYSICAL EXAMINATION O - Ambulated to + room slight limp - bandage to R & extremity C - bright red blood noted - transfused C - Clean 4x4's and secured to leg L - jaw and mandible / maxillary edematous & bruising noted Alert and conversing w/ nurse/officer Acute distress noted A - Alteration in consciousness P - MD to review			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																					
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																												
DIAGNOSIS																														
INSTRUCTIONS TO PATIENT																														
DISCHARGE DATE 9/21/04		TIME 2:35 AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input checked="" type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																									
NURSE'S SIGNATURE M. L. ...		DATE 9-21-04	PHYSICIAN'S SIGNATURE Russell ...		DATE 9-22-04																									
INMATE NAME (LAST, FIRST, MIDDLE) Nation Marvin			DOC# 141669	DOB 3-19-46	R/S W/M	FAC.																								



PHYSICIANS' ORDERS

NAME: Nation, Marvin

141669

D.O.B. 3/19/66

ALLERGIES:

Use Last Date 10/17/04

DIAGNOSIS (If Chg'd) See below

No lifting greater than 10 lbs X 4 wks

Peanut Butter Sandwich @ hs X 3 wks

No previous pain med orders

Light duty X 4 wks - noted 10/17/04 3:15

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Nation, Marvin

141669

D.O.B. 3/19/66

ALLERGIES: PKA

Use Fourth Date 10/17/04

DIAGNOSIS (If Chg'd) See above

Motrin 600 mg c/pn q 4h po TID X 4 days

Amoxicillin 500mg cmt for 4 more days (has card)

Soft diet till further notice

BBP X 4 wks - noted 10/17/04 3:15

No prolonged standing X 30 mins X 4 wks

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Nation, Marvin
10/14/04 0746

D.O.B. / /

ALLERGIES:

Use Third Date / /

DIAGNOSIS (If Chg'd)

1) Soft diet.

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Nation, Marvin
#141669

D.O.B. 3/19/66

ALLERGIES: NKA

Use Second Date 9/26/04

DIAGNOSIS (If Chg'd)

1) Hydrocodone bitartrate 10 mg po q 4h prn X 30cl.

2) Surgery 7/11/04 Dr. Keane OK

3) May refer back to prison facility (infirmery)

4) Keep hand chart until he goes

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Nation, Marvin
#141669

D.O.B. 3/19/66

ALLERGIES: NKA

First Date 9/26/04

DIAGNOSIS

Saline Rinses PRN

Ensure TID c meals

Vicodin 5/500mg po q 4h prn pain X 25

Amoxicillin 500mg po TID X 1 wk

No dr follow up / Rpt

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



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PROGRESS NOTES

Date/Time	Inmate's Name: <i>Notion, Marvin</i>	D.O.B.: <i>/ /</i>
<i>9/27/04</i> <i>0719</i>	<p><i>38 yo w-m S/A ORIF (L) cheek + upper jaw Exr, uncomplicated.</i> <i>PMHx (-).</i> <i>VSS. Afebrile. % post op pain, otherwise ok. Alert/oriented.</i> <i>Teeth wired, bruising (L) cheek, minimal swelling.</i> <i>Lungs clear.</i> <i>Heart RRR 3 (m).</i> <i>Abdomen soft 3 organomegaly/mass.</i> <i>Mild bruising + healing abrasion (L) medial lower leg.</i> <i>A/P 1) S/A ORIF (L) facial Exr.</i> <i>Clinically stable.</i> <i>Surgery 7/11 soon.</i> <i>OK to return to prison facilities.</i> </p>	
<i>9/28/04</i> <i>0650</i>	<p><i>VSS. Afebrile. No new %. No changes.</i></p>	
<i>9/29/04</i> <i>0645</i>	<p><i>VSS. Afebrile. No new %. No changes.</i></p>	
<i>10/1/04</i> <i>0711</i>	<p><i>VSS. Afebrile. No new %. No changes.</i></p>	

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible. You must Type or Print

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS

Site Name & Number: Kilby #840		Patient Name: (Last, First) Nation, Marwin	Date: (mm/dd/yy) 9, 29, 04
Site Phone # 334-215-6706		Alias: (Last, First)	Date of Birth: (mm/dd/yy) 3, 19, 66
Site Fax # 334-215-9126		Inmate # 141669	PHS Custody Date: (mm/dd/yy) 4, 12, 02
Will there be a charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	SS Number	Potential Release Date: (mm/dd/yy) 10, 27, 09

Responsible party: ☐ PHS ☐ Health Ins (Excludes Medicare/Medicaid Managed Care alternative plans)
☐ Auto Ins. ☐ Other, be specific (Excludes Medicare and Medicaid):

CLINICAL DATA

Requesting Provider: <input checked="" type="checkbox"/> Physician <input type="checkbox"/> NP, PA <input type="checkbox"/> Dental Dr Kean Facility Medical Director Signature and Date: Michael Kean MD. <input type="checkbox"/> Service meets criteria for "approval via protocol"	History of illness/injury/symptoms with Date of Onset: SLP @ ORIF
Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields. <input checked="" type="checkbox"/> Office Visit (OV) <input type="checkbox"/> X-ray (XR) <input type="checkbox"/> Scheduled Admission (SA) <input type="checkbox"/> Outpatient Surgery (OS) <input type="checkbox"/> Dialysis (DA) <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent Estimated Date of Service (mm/dd/yy) _____ (This starts the approval window for the "open authorization period") Multiple Visits/Treatments: <input type="checkbox"/> Radiation therapy Number of Visits/Treatments: _____ <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other: _____ Specialist referred to: Oral Surgeon Type of Consultation, Treatment, Procedure or Surgery: Post-op Flu x 1 week	Results of a complaint directed physical examination: Previous treatment and response (including medications): ***For security and safety, please do not inform patient of possible follow-up appointments***

UM DETERMINATION:

<input type="checkbox"/> Alternative Treatment Plan (explain here): <input type="checkbox"/> More Information Requested: (See Attached) <input type="checkbox"/> Resubmitted with requested information.	<input type="checkbox"/> Offsite Service Recommended and Authorized Date resubmitted: _____
--	--

Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:	Med Class:	UR Auth #: 14257495
------------	------------	---------------------

Form must be Complete and Legible. You must Print
Please send this with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS

Site Name & Number:

Kilby #840

Site Phone #

334-215-6706

Site Fax #

334-215-9126

Patient Name: (Last, First)

Nation, Marvin

Alias: (Last, First)

141669

Inmate #

SS Number

Date: (mm/dd/yy)

9.29.04

Date of Birth: (mm/dd/yy)

3.19.66

PHS Custody Date: (mm/dd/yy)

Potential Release Date: (mm/dd/yy)

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible party:

☒ PHS

☐ Auto Ins.

☐ Health Ins. (Excludes Medicare/Medicaid/Managed Care alternative plans)

☐ Other, be specific (Excludes Medicare and Medicaid):

CLINICAL DATA

Requesting Provider:

☒ Physician

☐ NP, PA

☐ Dental

Facility Medical Director Signature and Date:

Mike Pohl

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)

☐ X-ray (XR)

☒ Scheduled Admission (SA)

☐ Outpatient Surgery (OS)

☐ Dialysis (DA)

☒ Routine

☐ Urgent

Estimated Date of Service (mm/dd/yy)

10.10.04

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy

☐ Chemotherapy

Number of Visits/Treatments:

☐ Other:

Specialist referred to:

Dr. Kean

Type of Consultation, Treatment, Procedure or Surgery:

1 wk S/P O R I F

History of Illness/injury/symptoms with Date of Onset:

S/P O R I F

Results of a complaint directed physical examination:

Previous treatment and response (including medications):

Pain med
Soft stool

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

☐ Offsite Service Recommended and Authorized

Date resubmitted:

Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cell Type:

Med Class:

UR Auth #:

FROM : 10/07/2004 17:05 FAX 3343958156 FAX NO. : REGIONAL OFFICE OCT. 07 2004 06:04PM P14
AUSTIN 0029 0001

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM
Forms must be complete and legible. You must sign and date the form with the Authorization Letter to the physician and the patient.

DEMOGRAPHICS

Referral Number: 334-215-6706
Referral Date: 10/06/04
Referral Type: 1
Referral Code: 141669
Referral Status: 10/27/04

CLINICAL DATA

Referring Physician: Dr. Kean
Referral Reason: Male, 65
Referral Date: 10/06/04
Referral Status: 10/27/04

History of Present Illness
S/P (L) Crif

Results of a completed physical examination

Previous treatment and response including medication

Specialist referred to: Chal. Surgeon
Type of Consultation, Treatment, Procedure or Surgery:
F/U X 2 wks - Crif
bar removal

UN DETERMINATION:
☐ Alternative Treatment Plan (Specify):
☐ New Information Request: Case #
☐ Referred with requested information.

Regional Medical Director Signature:
WILL MOSIER, MD

Referral Type: OA/OU
Referral Code: 99211
Referral Status: 10/27/04

Stark



INFIRMARY NURSING PROGRESS NOTES

Date/Time											
9/26/04 12:30 P	A 38 yr old white male admitted to west ward, Sp in VA, jaws wired, full liquid & pureed diet ordered, has 2 small healing puncture wounds on Lt. leg, left elbow area slightly swollen & stitches, surrounding tissue slightly redder, around lower eye area blacker. & redder area to Lt corner of eye & C/O. Rt. hip pain, no bruising or swelling noted. Alert & verbal, ambulatory to ward, not notified. B. J. Jackson										
1 st P 9-26-04	Pain medication ordered Vicodin 5/15mg 9:40 PM. B. J. Jackson										
2020	5- NO C/O noted. O-A+Ox3. (R) eye red - surrounding tissue bruised, (R) inner leg small wound - slightly dark. (R) inner heel dark discoloration noted wired. (no acute distress noted @ this time. Q- Pat alt in comfort RT DX. P- Cont POC A. Jackson, R.N.										
9-27-04 12AM	5- NO C/O noted. O- Resting in bed. No chgs noted from (previous) assessment. Q- Pat alt in comfort RT DX. P- Cont POC A. Jackson, R.N.										
<table><tr><th>INMATE NAME (LAST, FIRST, MIDDLE)</th><th>DOC#</th><th>DOB</th><th>R/S</th><th>FAC.</th></tr><tr><td>Watkins, Marvin</td><td>141669</td><td>3/19/66</td><td>W/M</td><td>Kef</td></tr></table>		INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.	Watkins, Marvin	141669	3/19/66	W/M	Kef
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.							
Watkins, Marvin	141669	3/19/66	W/M	Kef							



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
9/27/04 @ 0900	<p>S: VOICES NO COMPLAINTS.</p> <p>O: AAOX3 - Ambulatory in ward ad lib. Resp are even & regular. Skin warm & dry. Color WNL. Bruising to @ eye noted. Sutures to @ brow are intact & drainage noted. Wires to jaw intact. Dental wax given to pt for w/ wires irritating mouth.</p> <p>A: Altered health status R/T dx.</p> <p>P: Continue physician orders. Continue to monitor - R.O. & f.</p>
9/27/04 1700	<p>S: No complaints noted.</p> <p>O: A+DX3. Ambulatory on ward ad lib. Wires to mouth intact. @ eye remains bruised. No distress noted @ present.</p> <p>A: Altered health status R/T dx.</p> <p>P: Cont physician orders. C. Willis MD</p>
9/28/04 0000	<p>S: "I am ok"</p> <p>O: Alert & oriented x3. Respirations even & unlabored. Sutures noted to @ ante eye brow. Wires to jaw intact. Bruise noted to @ & leg. MAGEW. No complaints noted @ present.</p> <p>A: Altered health status R/T dx</p> <p>P: Continue to provide prn meds as need & follow MD orders - R. Bandy</p>



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INFIRMARY NURSING PROGRESS NOTES

Date/Time	
9/28/04 0900	<p>S- skin okay just still sore</p> <p>O- up ambulating on the ward NAD noted Jaws wired together @ eye & purplish bruising noted around entire eye, Resp. & ease</p> <p>A- alt. nutritional status</p> <p>P- will cont to monitor doc, PRN S. Vaughn RN</p>
9/28/04 1700	<p>S- "Can I get some pain med-</p> <p>O- ↑ ambulating on Ward. NO distress noted ① eye bruised mouth wired. Cooperative behavior. Skin warm to touch. Resp & ease.</p> <p>A- Alt Health Status R/T Dx</p> <p>P- Continue to monitor ——— P. Burrows RN</p>
9/29/04 0500	<p>S- Quietly lying in bed. Skin w/d. Resp. & ease. Mouth wired. ② eye & periorbital bruising noted. NAD at this time.</p> <p>A- Alt. comfort lev. R/T Dx.</p> <p>P- Will continue monitoring it to per M.D. orders. N. J. J.</p>
9/29/04 @ 9:00A	<p>S: "Can I get some more dental wax?"</p> <p>O: AAOX3. ↑ ambulatory in ward ad lib. Resp. even & regular. Skin warm & dry to touch. Color w/d. Sutures intact to ② brow & drainage noted. Bruising remains to ② eye area. Wires intact to jaw. No problems noted.</p> <p>A: Altered health status R/T dx.</p> <p>P: Continue physician orders. ——— N. J. J.</p>

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
Nation, Marvin	14/1669	3/19/66	W/LM	KCF



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
9/29/04 1800	S- "Can I have something for pain?" O- Alert x 3. Respirations c ease. Ambulates about ward. No distress noted. A- Altered level of comfort R/T dx. P- Continue pain management. — A. DeBry LPA
9/30/04 0100	S- "I am ok" O- Alert & oriented x 3. Respirations even & unlabored. Small amt of swelling & bruising to (C) brow area. (D) ↓ leg - noted c bruising - wires to jaw intact. N/A c/w. No distress noted. A- Altered comfort level R/T dx. P- Continue to monitor & mediate pain — M. Bayl
9/30/04 0700A	S- I got my way, I'm alright. O- Alert & oriented, Rt. eyebrow area, stitches intact c slight swelling, redness, wires intact to oral cavity, no acute changes noted in condition. A- Potential alt. in comfort R/T dx. P- Continue c F/U by pt. and pain medication as ordered — R. Hughes
9/30/04	S- "I'm ok right now" O- Amb. R/ward. Smiling. skin ok



INFIRMARY NURSING PROGRESS NOTES

Date/Time				
10/1/04 0830	<p>slo - resting quietly in bed & eyes closed. Respirations even + unlabored. small amount of sneezing noted to @brows area, mucous noted to @ & legs. mucus intact. MAREW - No distress noted. A - Potential for altered nutritional status r/t above.</p> <p>P - Continue to monitor ^{no} administer ^{ensure} as directed & medicate prn - nursing.</p> <p>10/1/04 0830 "talking to another inmate on unit."</p> <p>Jaws remain wired. able to speak well through wired jaws. Corner of mouth pulled back. Purple bruise to inner ankle area noted. scrubbed over wound noted to skin area. NAD noted. Medicated for pain as ordered. Appetite fair consumed at least 80% of diet through straw. See chart for assessment. A - Potential for altered nutrition. less than body requirements. wired jaw.</p> <p>P - Continue to monitor and report any abnormality to MD.</p>			
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Nations, Marvin	141669	3/19/66	w/m	100F



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
10/04/04@ 10:00	<p>S: VOICES no Complaints.</p> <p>O: AAOx3. ↑ Ambulatory on ward ad lib. Resps even & reg.</p> <p>Skin warm & dry. Color wmk. Some bruising remains to D eye. Wires intact to jaw. No problems @ present.</p> <p>A: Altered health status R/T dx.</p> <p>P: Continue physician orders. ————— A. Delaney</p>
10/4/4 2130-	<p>S- "I need my pain medicine"</p> <p>O- ↑ Ambulating around ward @ intervals. NO distress noted. Mouth wired. Alert & oriented x3</p> <p>No acute dx. Resp c ease.</p> <p>A- Alt health status R/T dx —————</p> <p>P- Continue to monitor ————— J. Bernstein</p>
10/05/04@ 8 AM	<p>S: VOICES no complaints.</p> <p>O: AAOx3. ↑ ambulatory in ward ad lib. Resps even & regular.</p> <p>Skin warm & dry. Color wmk. Bruising noted to D eye, appears to be healing well. Wires remain intact to jaw.</p> <p>No problems noted.</p> <p>A: Altered health status R/T dx.</p> <p>P: Continue physician orders. ————— A. Delaney</p>
10/5/04 1800	<p>S- No complaints voiced.</p> <p>O- Alert x 3. Respirations c ease. Ambulates about ward.</p> <p>Mouth remains wired. No distress noted. —————</p> <p>A- Altered health status R/T dx. —————</p> <p>P- Continue physician's orders. ————— A. Delaney</p>



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PROGRESS NOTES

Date/Time	Inmate's Name:	141669	D.O.B.: 3/19/66
10/4/04	Note Cont		
	A. X-Rays ordered 10/20 not done		
	will re-order hip & L/S spine		
	P. Pt has F/u c facial surgeon.		
	Naproxen & Flexen		
	Pt show stretches for his back		
	Dr. McKinn		
11/18/04	MD Appt VU		
wt 188	Sp 118/80 T 97.5 P 64 R O2 96		
	PT HERE f/u facial fx & Back film Report.		
	Pain in lower back better w/ conservative mgmt.		
	X-Rays normal. Facial prostheses persistent		
	on (L) face & oral pharynx on (L). Nasal-		
	obstructed (L) chronic 2° deviation of septum		
	F/u UTM submitted. Pain in (L) face worse		
	w/ cold weather. Advised to take tylenol (not) PR.		
	USS:		
	HEENT & evidence of infection - Mild/mod		
	Nasal septal deviation & obstructive		
	Nasal edema. Facial sensation ↓		
	oral pharynx & infected sensation ↓		
	speaks well. Breathes well		
	A: Facial trauma F/u c ENT as sched		
	in 2-3 wks		
	For tylenol (not) PR.		

Dr. McKinn

158



EO426800461 NATION, MARVIN
DOB: 03/19/66 Age: 38Y MR #: 252786
Admit Date/Time: 09/24/04 1412P
361 KEAN, RICHARD A



PHYSICIAN'S ORDERS

Height: _____ Weight: _____

Drug Sensitivities and Allergies ☐ NKDA ☐ Yes, list: _____

DO NOT USE	CORRECT USE	DO NOT USE	CORRECT USE	DO NOT USE	CORRECT USE	DO NOT USE	CORRECT USE
'u' or 'U'	Unit	MS, MSO4 MgSO4	Spell out words	TIW	Spell out words	Per os or OS	Spell out by mouth/oral
IU	International Unit	.Xmg	0 Xmg	µg	microgram	BT	Spell out Bedtime
QD/QOD	Spell out words	X.0 mg	X' mg	AD, AS, AU	Spell out words	QN or qn	Spell Out Nightly or at Bedtime

Date	Time	
9/26/04	0915	(1) Discharge IU and IU meds prior to discharge
		(2) Discharge to home. Prior - Staten Kilby
		(3) Discharge 2 60cc syringes & call tips and Rose Robbins catheters.
		(4) Discharge 2 saline bottles
		(5) Discharge 2 orders to Staten prison.
		(6) Discharge 2 wire cutters!
		Is good?
		Kilbourn 9/26/04
		S. Dabney 9/26/04
Physician Signature: _____		



PH 350

DO NOT WRITE BELOW THIS LINE



%

E0426800461 NATION, MARVIN
 DOB: 03/19/66 Age: 38Y MR #: 252786
 Admit Date/Time: 09/24/04 1412P
 361 KEAN, RICHARD A



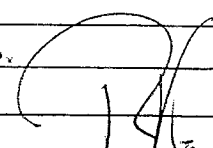
Baptist
HEALTH

PHYSICIAN'S ORDERS

Height: _____ Weight: _____

Drug Sensitivities and Allergies ☐ NKDA ☐ Yes, list: _____

DO NOT USE	CORRECT USE	DO NOT USE	CORRECT USE	DO NOT USE	CORRECT USE	DO NOT USE	CORRECT USE
'u' or 'U'	Unit	MS, MSO4	Spell out words	TIW	Spell out words	Per os or OS	Spell out by mouth/oral
IU	International Unit	Xmg	0 Xmg	µg	microgram	BT	Spell out Bedtime
QD/QOD	Spell out words	X.0 mg	'X' mg	AD, AS, AU	Spell out words	QN or qn	Spell Out Nightly or at Bedtime

Date	Time	ORDERS For STAY ^{KIRBY} prican , MARVIN NATION
9/26/04	0915	<p>① Procedure: ORIF (L) check and upper jaw fractures.</p> <p>② Nursing: ↑ HOB 45° for 2-3 days. Do not allow patient to lay of (L) side of face. Mr. Nation is wired together. There are two wires, one on each side that could be cut in an emergency (choking, vomiting). He also has rubber bands that can be cut. He should ^{have} keep wire cutters available @ all times. May shower, brush teeth</p> <p>③ Diet - liquid/puree diet. feed via syringes q4h. Ensure TID E meds.</p> <p>④ Meds - ^{Urethane} Lorazepam ⁱⁱⁱ tid q4h prn pain. Amoxicillin 250/500 susp - tid tid x 7 days.</p> <p>⑤ FU w Dr Korn Wednesday morning @ 10:00 will call for appt.</p> <p>⑥ Call Dr Korn 272-3482 for any problems.</p>
		Physician Signature: 

DO NOT WRITE BELOW THIS LINE



PH 350



%

E0426800461 NATION, MARVIN
DOB: 03/19/66 Age: 38Y MR #: 252786
Admit Date/Time: 09/24/04 1412P
361 KEAN, RICHARD A



POSTOPERATIVE PROGRESS RECORD

Date	Time	
		Surgeon: KEAN Assistant: BELL
9/24/04	1850	
		Preop Dx: (L) zygomaxillo-maxillary complex fracture (maxilar fx-closed), (L) alveolar segment fracture (open) (maxilla)
		Postop Dx: S2mr
		Procedure: ORIF (L) ZMC fx - multiple approaches ORIF (L) maxillary alveolar segment fx 2nd b2r1 E IMF
		Findings: malocclusion
		Specimen:
		EBL: 100cc
		M.D. Signature:



PN 300

Auth No: Date of Service 9/29/04**Provider Consultation Report**

(Complete and Return with Inmate)

Inmate: Marvin Nation ID: _____ DOB: 3/19/66
 Provider: _____ Site ID: _____ Phone: _____
 Provider: _____ Location: _____

Health Services Authorized (See Attached Request Copy)

- For security reasons, inmates must NOT be informed of date, time or location of any proposed treatment or possible hospitalization.
- Due to security considerations all tests and treatments to be scheduled by CMS

Review of Case

5 days SIP ORIF (L) 2me fr, cluster syring fr.
 Afrin nasal spray -

Diagnosis and Prescription Suggestions to be Reviewed by CMS Medical Director:

- ① Diet - suggest ↑ apple sauce, puddings, yogurt - bouillon
- ② Flu vaccine - probable release of IMF.
- ③ Continue pain meds

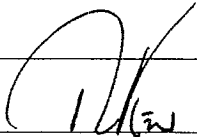
Can equivalent medication substitution be used? Y N

Followup needed? (Y) N

If followup needed, explain purpose

i u flu

i u flu

 Provider  Date 9/29/04 CMS Nurse _____ Date / /

Recommendation After Review of Consultant's Report:

☐ No Further Action☐ Implement the Following:CMS Physician: _____ Date: / /

Patient Name:	Nation, Marvin	Inmate Number:	141669NA
Service Authorized:	Office Visits: Op Surgical Followup Referral	Effective Dates:	10/04/2004
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1
Responsible Facility:	Kilby Correctional Facility	Contact Name:	Michelle Pope
Authorization Number:	14257495	Telephone Number:	(334)395-5973 Ext 14

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
 P.O. Box 967
 Brentwood, TN 37024-0967

The consulting physician should complete this section.
 The completed form will be sealed in the attached envelope and
 returned with an officer to the correctional facility.

Clinical Summary or Attached Report

2 wks S/P ORIF @ the Rx. Satisfactory.

Recheck from WLF. occlusion = some protrusion @.

Plan - (1) Return titles for rock bar removal

(2) Advise dent to pull → soft mechanical

(3) NPO p MV night prior to surgery in titles

(4) Will need dental evaluation later for occlusion.

*** For security and safety, please do not inform patient of possible follow-up appointments. ***

Signature of Consulting Physician:

[Handwritten Signature]

10/06/04
 Date Time

Reviewed and Signed By
 Medical Director:

Date Time